

# Matthews Presbyterian Church CDC Emergency Information and Release Form

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_ Class \_\_\_\_\_

Known Allergies \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent (1) Name \_\_\_\_\_ Address \_\_\_\_\_

Parent (1) Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Parent (2) Name \_\_\_\_\_ Address \_\_\_\_\_

Parent (2) Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Email Address \_\_\_\_\_

## Emergency Names and Phone Numbers

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Emergency Names and Phone Numbers

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Other Name \_\_\_\_\_ Phone \_\_\_\_\_

## Names and Phone Numbers of persons to whom we may release your child

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

The undersigned, as parent or guardian of the child, hereby agrees that Matthews Presbyterian Church Child Development Center, its directors, employees, and agents are authorized to provide first aid or emergency medical care to my child and/or to obtain such emergency medical care for my child as may appear reasonably necessary in my absence including emergency transportation to a hospital. I agree to be financially responsible for any and all medical expenses or costs that are incurred in treating my child for illness or injury when said illness or injury arises while my child is on the premises of or in the custody of Matthews Presbyterian Church Child Development Center.

The undersigned agrees to indemnify and hold Matthews Presbyterian Church Child Development Center, its directors, employees, and agents and Matthews Presbyterian Church, its employees and agents harmless against any and all claims arising as a result of my child attending and/or participating in the activities of Matthews Presbyterian Church Child Development Center.

I CERTIFY THAT I HAVE READ THE ABOVE AGREEMENT AND AGREE TO THE TERMS THEREOF.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_